



FAIR POLITICAL PRACTICES COMMISSION

428 J Street • Suite 620 • Sacramento, CA 95814-2329
(916) 322-5660 • Fax (916) 322-0886

October 28, 2010

David Crawford

Redacted

Re: FPPC No. 10/956; Citizens for Colton First

Dear Mr. Crawford:

This letter is to notify you that the Enforcement Division of the Fair Political Practices Commission (the "FPPC") will investigate the allegations, under the jurisdiction of the FPPC, of the sworn complaint you submitted in the above-referenced matter. You will receive notification from us upon final disposition of the case. However, please be advised that at this time we have not made any determination about the validity of the allegations you have made or about the culpability, if any, of the persons you identify in your complaint.

Thank you for taking the time to bring this matter to our attention.

Sincerely,

Redacted

Roman G. Porter
Executive Director

RGP: ak

cc: Citizens for Colton First

SWORN COMPLAINT FORM
(Form May Be Subject to Public Disclosure)*

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

10 OCT 21 PM 4:47

AS REQUIRED BY GOVERNMENT CODE SECTION 83115, please complete the form below to file a sworn complaint with the Fair Political Practices Commission. **This form must be completed in its entirety and all pertinent information must be stated on this form, not as an attachment.**

Mail the complaint to: **Enforcement Division**
 Fair Political Practices Commission
 428 J Street, Suite 620
 Sacramento, California 95814

Person Making Complaint

Last name: Crawford _____

First Name: David _____

Street Address: _____

City: _____ State: _____

Zip: _____

Telephone: (____) _____

Fax: (____) _____

E-mail: _____

***IMPORTANT NOTICE**

Under the California Public Records Act (Gov. Code Section 6250 and following), this sworn complaint and your identity as the complainant may be subject to public disclosure. Unless the Chief of Enforcement deems otherwise, within three business days of receiving your sworn complaint we will send a copy of it to the persons(s) you allege violated the law.

In some circumstances, the FPPC may claim your identity is confidential, and therefore not subject to disclosure. A court of law could ultimately make the determination of confidentiality. If you wish the FPPC to consider your identity confidential, do not file the complaint before you contact the FPPC (916-322-5660 or toll free at 866-ASK-FPPC) and discuss the complaint with an Enforcement Division attorney.

Person or Persons who Allegedly Violated the Political Reform Act: (If there are multiple parties involved, attach additional pages as necessary.)

First Name: _____

Redacted _____

Zip: _____

Fax: ()

E-mail: _____

Provision or Provisions of the Political Reform Act Allegedly Violated: (If specific sections are not known, please provide a brief summary of the nature of the violation(s), and when it (they) occurred.) **You must state the suspected violation(s) on this form.**

California Gov't Code Section 84506.5

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Description, With as Much Particularity as Possible, of Facts Constituting Alleged Violation and how you have personal knowledge that it occurred**

Campaign mailer lacks a statement indicating whether or not the mailer was authorized by the opposing candidate (see enclosed).

****Please attach copies of any available documentation that is evidence of the violation, (for example, checks, campaign materials, etc., if applicable to the complaint). Note that a newspaper article is NOT considered evidence of a violation.**

Name and Addresses of Potential Witnesses, in addition to yourself, if Known:

Last Name: _____

First Name: _____

Street Address: _____

City: _____ State: _____

Zip: _____

Telephone: () _____

Fax: () -

E-mail: _____

Last Name: _____

First Name: _____

Street Address: _____

City: _____ State: _____

Zip: _____ - _____

Telephone: (____) _____ - _____

Fax: (____) _____ - _____

E-mail: _____

Last Name: _____

First Name: _____

Street Address: _____

City: _____ State: _____

Zip: _____ - _____

Telephone: (____) _____ - _____

Fax: (____) _____ - _____

E-mail: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Redacted

(Signature)

10-19-10

(Date)

(Please print your name)

~~Any signature or other mark is NOT considered evidence of a violation not authorized by the
State of California. Any signature or other mark is evidence of the violation
of the California Penal Code, Section 261.5, subdivision (a), which states: "Any
person who signs or causes to be signed any document, statement, or other
writing with intent to defraud, or with intent to obtain any benefit, or with
intent to cause any loss or damage to another person, is guilty of a crime."~~